MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S) 10/575 753

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3								53						
4		1						54						
5		2						55						
6								56						
7	1							57						
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17								67						
18	1							68						
19	1							69						
20		2						70						
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48								98						
49								99						
50								100						
TOTAL IND.	4							TOTAL IND.						
TOTAL DEP.	58							TOTAL DEP.						
TOTAL CLAIMS	62							TOTAL CLAIMS						

PTO - 1360 (REV. 11/84)

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CLAIMS

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